



PRINCE GEORGE'S COUNTY POLICE DEPARTMENT QUALIFIED RETIRED / SEPARATED LAW ENFORCEMENT OFFICER APPLICATION FOR CERTIFICATION TO CARRY A CONCEALED FIREARM

Name: _____
(First) (Last) (M.I.)

Home Address: _____
(Street) (State) (Zip code)

Telephone Number: _____ DLN: _____
(Area Code)

E-mail Address (Optional): _____

Date of Birth: ___/___/___ Sex: _____ Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair: _____

Affidavit

(Initials)

____ I understand that in order to carry a concealed firearm as a qualified retired or separated law enforcement officer in accordance with 18 U.S.C. 926C, (HR-218) I must satisfy certain basic criteria. My satisfaction of the certification criteria will be established based on my answers to these questions.

____ The law enforcement agency from which I retired / separated, has issued me a photographic identification.

____ I retired / separated in good standing from a public agency as a law enforcement officer.

____ The agency from which I retired / separated is the Prince George's County Police Department, which is located at 7600 Barlowe Road, Palmer Park, Maryland 20785.

____ My retirement / separation date was _____.

____ I did not retire / separate for reasons of mental instability.

____ I was authorized to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and I had statutory powers of arrest.

___ Before retirement / separation, I was **either** (check one):

___ Regularly employed as a law enforcement officer for ten (10) or more years aggregated, or

___ I retired after completing probation due to service-connected disability as determined by the agency from which I retired.

___ **I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.**

___ I am not prohibited by state or federal law from receiving or possessing a firearm.

___ I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.

___ I must comply with the State of Maryland's standards for training and qualification for active law enforcement officers to carry a firearm of the same type as my concealed firearm.

___ I understand that I must carry the Prince George's County certification card, along with the photographic identification issued by my agency, when I carry the concealed weapon.

___ I understand that my certification expires twelve months from its issue date.

___ **I understand that the Law Enforcement Officers Safety Act of 2004, 18 U.S.C., 926C, does not give me any rights whatsoever to exercise law enforcement authority or take police action under any circumstances.**

I do hereby declare and affirm under the penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief and I so indicate by signing below in the designated space.

Applicant signature

Date

Subscribed and sworn to before me:

Notary Public _____

This _____ Day of _____ 20____.

My Commission Expires _____